MURRAY CITY PARKS AND RECREATION

## YOUTH CONDITIONING

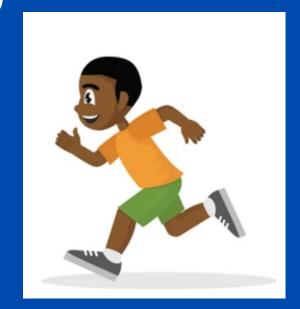
**AGES 6-15** 



## **APRIL 11 - MAY 19**

Tuesdays, Wednesdays, and Fridays 5:00pm-6:30pm

Murray Park Soccer Field (520 E. Vine St.)



## RESIDENT \$40 NON-RESIDENT \$50

**DEADLINE: TUESDAY, MARCH 14, OR UNTIL FULL** 

- Focuses on FUN
- Building Strength
- Increasing Flexibility
- Improving Running Mechanics
- Includes 18 Practices and Shirt



Register online at www.mcreg.com For more information call 801-284-4200



Recreation Coordinator: Tasha LaRocco tlarocco@murray.utah.gov

	——————————————————————————————————————
Child's Name	DOB/ Age M/F
Address	City Zip
	Phone
Emergency Contact	Relationship Phone
Does the Participant have any limitation	s? Y/N If yes, please describe:
T-Shirt Size: (not guaranteed) YXS	YS YM YL YXL AS AM AL AXL
How did you hear about this program?	Murray Journal Social Media Website Flyer Poster Email Word of Mouth Previous Participant
(activity/sport), I acknowledge that I have received a Policy (the "Policy"). I hereby state that:  [] my child has not previously sustained a concuse my child has previously sustained a concussion.	or head injury and I have provided the City with an acceptable medical clearance. y and all claims, demands, losses, liabilities, damages, costs, and fees from concussions or heac
In consideration of being allowed to participate in an appreciate, and agree that: The risks of injury and illi (such as MRSA, influenza, COVID-19, etc.), pain, suffeemotional loss, and death) of participating in the Act these risks, the risks of serious injury and illness do eEVEN IF ARISING FROM THE NEGLIGENCE of others officials, and I assume full responsibility for my child participate. If, however, I observe any unusual or sign Activity and bring such attention of the nearest officiand next of kin, HEREBY RELEASE AND HOLD HARM and agents (hereinafter collectively referred to as the damage to person or property, and from any and all I understand that the City shall have no responsibility	OF LIABILITY AND WAIVER OF CLAIMS - Read before signing way in Murray Aquatic Club and its related events and activities, I hereby acknowledge, less (including, but not limited to, physical or psychological injury, communicable diseases ring, disfigurement, temporary or permanent disability (including paralysis), economic or wity are significant, and while particular rules, equipment, and personal discipline may reduce kist; and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, including, but not limited to, other participants, volunteers, spectators, coaches, and Activity aparticipation; and, I willingly agree to comply with the Activity's rules and conditions to difficant hazard during my presence or participation in the Activity, I will remove myself from the all immediately; and, I for myself, and on behalf of my heirs, assigns, personal representatives LESS Murray City Corporation, its employees, officers, directors, volunteers, elected officials, "City"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or abilities incident to my participation in the Activity, to the fullest extent permitted by law. It to pay for any medical treatment and related costs if I become injured, sick, or otherwise event that I should require medical care or treatment for any injury or illness, I agree to be all to f such treatment.
	urray City Parks and Recreation policy & procedures, the Parks and Recreation Division may of for administrative costs. Refunds requested after the first day of the program shall be at the etion. Parent/Guardian Initials
educational purposes in any and all pub	to use my child's photograph, video image, quotes/comments, or name for publicity and ications and media without limit or compensation. Parent/Guardian Initials:
that I have read its contents and disclosures, and tha	LIABILITY AND WAIVER OF CLAIMS, REFUND POLICY, AND MEDIA CONSENT, I acknowledge I agree to its terms and agreements. If any portion of this agreement is held to be invalid by a eremainder shall, notwithstanding, continue in full force and effects.
PRINTED NAME (Parent or Legal Guardian)	
SIGNATURE (Parent or Legal Guardian)	Date/
OFFICE USE ON	Y PAID: CASH CHECK CC DATE: STAFF: